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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

DEC 12 1978

Operator <u>Southland Royalty Company</u>		J. C. C. ARTESIA, OFFICE	
Address <u>1100 Wall Towers West Midland, TX 79701</u>			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State "19" Com.</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Unassigned South Millman (Morrow)</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>L-6654</u>
Location Unit Letter <u>N</u> : <u>860</u> Feet From The <u>south</u> line and <u>2057</u> Feet From The <u>west</u>				
Line of Section <u>19</u> Township <u>19-S</u> Range <u>28-E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1183 Houston, TX 77001</u>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 283 Houston, TX 77001</u>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 283 Houston, TX 77001</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>A</u>	Sec. <u>19</u>	Twp. <u>19S</u>	Rge. <u>28E</u>
Is gas actually connected? <u>No (Pending)</u> When				

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <u>8-4-78</u>	Date Compl. Ready to Prod. <u>10-19-78</u>	Total Depth <u>11,340'</u>		P.B.T.D. <u>11,110'</u>				
Elevations (DF, RKB, RT, CR, etc.) <u>3493' GR</u>	Name of Producing Formation <u>Morrow</u>	Top Oil/Gas Pay <u>10,748</u>		Tubing Depth <u>10,650</u>				
Perforations <u>10,748-750'; 10,769-774'; 10,789-791'; 10,798-808'; 10,814-823'; 10,836-847'; 10,902-920'; 10,948-952'; 10,014-018'; 11,058-062'.</u>		TUBING, CASING, AND CEMENTING RECORD		Depth Casing Shoe <u>11,150'</u>				
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17 1/2"</u>	<u>13 3/8"</u>		<u>447'</u>		<u>575</u>			
<u>11"</u>	<u>8 5/8"</u>		<u>2448'</u>		<u>900</u>			
<u>7 7/8"</u>	<u>5 1/2"</u>		<u>11,150'</u>		<u>465</u>			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D <u>1133</u>	Length of Test <u>24</u>	Bbls. Condensate/MMCF <u>7.06</u>	Gravity of Condensate <u>600 API</u>
Testing Method (pilot, back pr., <u>Back Press.</u>	Tubing Pressure (shut-in) <u>3491</u>	Casing Pressure (shut-in) <u>Packer</u>	Choke Size <u>3/4"</u>

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

C. Harney
(Signature)

District Engineer

December 5, 1978

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19

BY W. A. Gressett

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of conditions.

Separate Form C-104 must be filed for each pool in multiple completed wells.